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Atty. Dkt. No. 066683-0190**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Tomoki TODO et al.

Title: USE OF SOLUBLE COSTIMULATORY FACTOR FOR  
TUMOR IMMUNO-GENE THERAPY

Appl. No.: 09/679,147

Filing Date: 10/5/2000

Examiner: Anne Marie Sabrina Wehbe

Art Unit: 1632

**AMENDMENT TRANSMITTAL**Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ [ X ] Amendment and Reply Under 37 CFR § 1.111☒ [ X ] Information Disclosure Statement Under 37 CFR § 1.56 and PTO Form SBO8 including 3  
References☒ [ X ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous  
assertion of Small Entity status.☒ [ X ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	28	-	54	=	0	x	\$18.00	=	\$0.00
Independent Claims:	3	-	4	=	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:							+	\$290.00	= \$0.00
CLAIMS FEE TOTAL									= \$0.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$420.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$950.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$0.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$0.00

- ☒ A check in the amount of \$180.00 is enclosed.

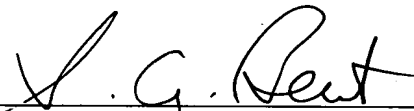
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date May 13, 2004

By



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